

JC862 U.S. PTO
 09/05/2000
 08/10/00

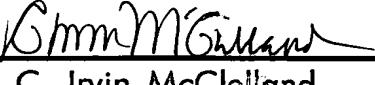
UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	
-----------------------------------------------------------------------------------------------------------------------------------------	--

Attorney Docket No. 195617US0X

First Inventor or Application Identifier Sachiko MACHIDA, et al.

Title ARTIFICIAL CHAPERON KIT

<p>APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i></p> <p>U.S. PTO JC862</p> <p>00/01/00 096 35420 0810000</p> <p>1. Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. Specification Total Pages 28</p> <p>3. Drawing(s) (35 U.S.C. 113) Total Sheets 2 (Formals)</p> <p>4. Oath or Declaration Total Pages 3 <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 15 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</i> </p> <p>5. <input type="checkbox"/> Incorporation By Reference <i>(usable if box 4B is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4B, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>15. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.:</p> <p>Prior application information: Examiner: Group Art Unit:</p> <p>16. Amend the specification by inserting before the first line the sentence:</p> <p><input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on</p> <p><input type="checkbox"/> This application claims priority of provisional application Serial No. Filed</p>	<p>ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>6. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>7. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>8. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>10. <input type="checkbox"/> Preliminary Amendment</p> <p>11. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>12. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. Status still proper and desired.</p> <p>13. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i></p> <p>14. <input checked="" type="checkbox"/> Other: Notice of Priority</p>
17. CORRESPONDENCE ADDRESS	
 22850 (703) 413-3000 FACSIMILE: (703) 413-2220	

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:			Date: 8/10/00
Name:	C. Irvin McClelland	Registration No.:	
Registration Number: 21,124			

Docket No. 195617US0X

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

- INVENTOR(S) Sachiko MACHIDA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ARTIFICIAL CHAPERON KIT

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	8 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	× \$78 =	\$78.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$260 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$690.00
			TOTAL OF ABOVE CALCULATIONS	\$768.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$768.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.

A check in the amount of **\$768.00** to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 8/10/00

Norman F. Oblon

Registration No. 24,618

C. Irvin McClelland
Registration Number 21,124



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 11/98)